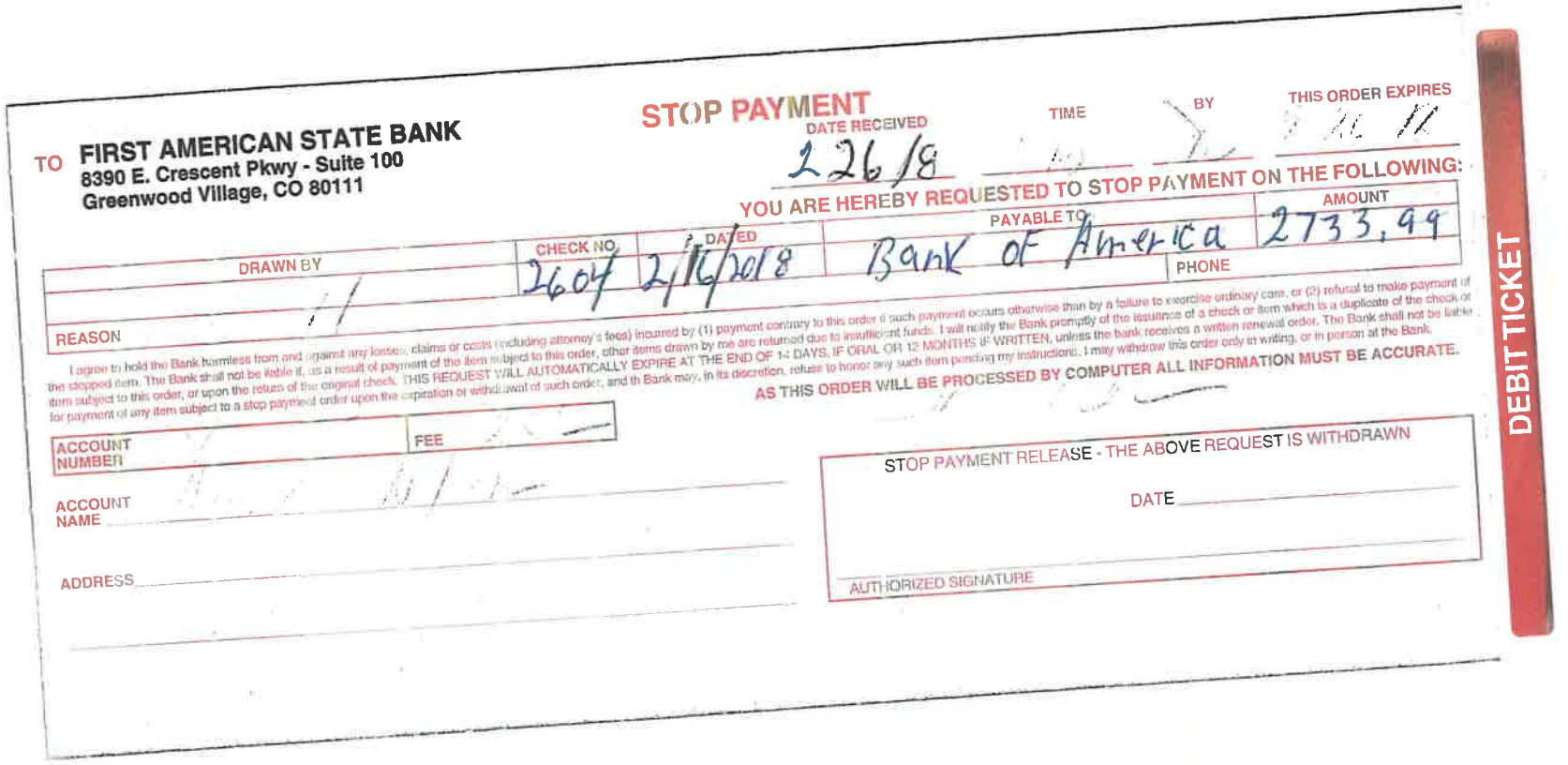

TO **FIRST AMERICAN STATE BANK**
8390 E. Crescent Pkwy - Suite 100
Greenwood Village, CO 80111

STOP PAYMENT

DATE RECEIVED 2/26/18 TIME BY THIS ORDER EXPIRES

YOU ARE HEREBY REQUESTED TO STOP PAYMENT ON THE FOLLOWING:

DRAWN BY	CHECK NO.	DATED	PAYABLE TO	AMOUNT
	2604	2/16/2018	Bank of America	2733.99

REASON

PHONE

I agree to hold the Bank harmless from and against any losses, claims or costs (including attorney's fees) incurred by (1) payment contrary to this order if such payment occurs otherwise than by a failure to exercise ordinary care, or (2) refusal to make payment of the stopped item. The Bank shall not be liable if, as a result of payment of the item subject to this order, other items drawn by me are returned due to insufficient funds. I will notify the Bank promptly of the issuance of a check or item which is a duplicate of the check or item subject to this order, or upon the return of the original check. THIS REQUEST WILL AUTOMATICALLY EXPIRE AT THE END OF 14 DAYS, IF ORAL OR 12 MONTHS IF WRITTEN, unless the bank receives a written renewal order. The Bank shall not be liable for payment of any item subject to a stop payment order upon the expiration or withdrawal of such order, and th Bank may, in its discretion, refuse to honor any such item pending my instructions. I may withdraw this order only in writing, or in person at the Bank.

AS THIS ORDER WILL BE PROCESSED BY COMPUTER ALL INFORMATION MUST BE ACCURATE.

ACCOUNT NUMBER

FEE

ACCOUNT NAME

ADDRESS

STOP PAYMENT RELEASE - THE ABOVE REQUEST IS WITHDRAWN

DATE

AUTHORIZED SIGNATURE

DEBIT TICKET